PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 points 2214, 145

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required.) Beliefs I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and sufficient on of maintenance fees will be mailed to the current correspondence address, and indicated unless corrected beliefs of directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Nov., Use Block 1 for any change of address) 30031 7590 07/09/2010					Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
PHILIPS INTE P.O. BOX 3001		OPERTY & STAN	IDARDS	I here States addres transu	Cert by certify that this Postal Service wi ssed to the Mail nitted to the USPI	ificate of s Fee(s) ith suffi Stop 1: O (571	of Mailing or Trans: Transmittal is being icient postage for firs SSUE FEE address 273-2885, on the d	mission deposit t class r above, ate indic	ed with the United nail in an envelope or being facsimile ated below.			
									(Depositor's name)			
		(Signate										
									(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		T	ATTORNEY DOCKET NO		CONFIRMATION NO.				
10/788,507 02/27/2004			Greg Matthews			011164US2 7421						
		PRESSURE SUPPORT S				······································	······································	_				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID ISS		PEE	TOTAL FEE(S) DUE		DATE DUE			
nonprovisional	NO	\$1510	\$300		\$0		\$1810	10/12/2010				
EXAMINER		ART UNIT	CLASS-SUBCLASS									
MENDOZA, MICHAEL G 3734			128-204210									
Change of correspondence address or indication of "Fee Address" (37 FER 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of or agents OR, afte (2) the name of a registered attorne 2 registered paten	For printing on the patent front page, list the names of up to 5 registered patent attorneys agents OR, alternatively, agents OR, alternatively, agents OR, alternatively, agents of a single firm (having as a member a pletered attorney or agents aft no names is tech, no name with be printed.								
		A TO BE PRINTED ON			,							
PLEASE NOTE: Uni recordation as set forti	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on T a substitute for filir	the pat-	eut. If an assigne signment.	e is ide	entified below, the de	ocument	has been filed for			
(A) NAME OF ASSIG			(B) RESIDENCE: (
RIC INVES	STMENTS, LLO	WILMINGTON, DE										
lease check the appropr	iate assignee category or	r categories (will not be pr	rinted on the patent):	Q,	ndividual 🖾 Co	rporatio	on or other private gro	up entit	y 🛮 Government			
ia. The following fee(s): issue Fee Publication Fee (N Advance Order - i	th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit earl, Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the requiring fields), any deficiency, or credit any overspayment, to Deposit Account Number 1 = 1 / 1 / 1 / 1 (enclose an extra copy of this form).											
	tus (from status indicate											
	s SMALL ENTITY stat						ITY status. See 37 C					
OTE: The Issue Fee an nterest as shown by the i	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other to Office.	than the	applicant; a regis	tered at	ttorney or agent; or ti	e assign	ee or other party in			
Authorized Signature	***************************************	Date October 4, 2010										
Typed or printed name	Michael W	. Haas			Registration N	o3	35,174					

This collection of information is required by 37 CFR I 311. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to groces) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR I.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on amount of timey our require to complete this form and/or suggestions for reducing this bunden, should be sent to the Chief Information Officer U.S. Patern and Tradomark Office, U.S. Department of Commircee, P.O. Box 1450, Alexandria, Virginia 22313-4505. DO NOT SEMO PRESO RECORD COMPLETED FORMAS TO THIS ADDRESS SEND TO Commissioner for Paterns, P.O. Box 1450, Alexandria, Verginia 22313-4505.